

**KanCare Provider External Implementation Workgroup  
Meeting Minutes  
1-17-13  
Conference Call/DCF Learning Center  
10:00 a.m. – 11:00 a.m.**

**Provider Attendees (alphabetical by last name):**

<b><u>Name</u></b>	<b><u>Affiliation</u></b>	<b><u>In person or by phone</u></b>
DeDe Behrens	Dentist, Ismile KCK	
Dennis Cooley	Pediatrician	
Ruth Cornwall	Kansas Medical Society	X
Jerry Delashaw	PMMA	X
Sandra Dixon	KAAP/DCCCA	X
Steve Hatlestad	Americare	X
Jennie Henault	Lawrence Douglas County Health Department	X
Jim Johnston	HCA Health Systems	X
Mike Larkin	Kansas Pharmacists Assoc.	
Jim Leiker	Alliance for Kansans with Developmental Disabilities	X
Mike Malone	Kansas Optometric Association	X
David Mohr	Via Christi Health	
Michelle Morgan	NW KS Area Agency on Aging	X
Mike Quintero	University of Kansas Hospital	
Dulcinea Rakestraw	Preferred Family Healthcare	X
Sharon Spratt	Cottonwood, Inc.	
Barbara Timberlake	KU Physicians	X
Deone Wilson	RCIL	X
Dwight Young	The Center for Counseling & Consultation	X

**Managed Care Organization Attendees:**

<u>Name</u>	<u>Affiliation</u>	<u>In person or by phone</u>
Laura Hopkins, Ron McNish, Lexie, Scott	Amerigroup	X
Bryan Swan	Sunflower State Health Plan	X
Christine Jones, Dave Malek, Carrie Kimes, Sandy Hashman-Evans	United Healthcare	X

**State Attendees:**

<u>Name</u>	<u>Affiliation</u>	<u>In person or by phone</u>
Paul Endacott	Chair, KDHE	X
Kim Brown	Vice Chair, KDADS	X
Cissy McKinzie	Minutes, KDADS	X

**I. Introductions:**

The January meeting was again held in a conference call format. Kim conducted roll call to document those present attending in person and by phone. Paul welcomed the Workgroup members.

**II. Brief Updates from the State – Paul Endacott**


Paul updated the Workgroup that new Network Adequacy Geo reports as of 1/7/13 are available on the KanCare website under Policies & Reports/Readiness Activities/Network Adequacy Reporting:

[http://www.kancare.ks.gov/download/KanCare\\_MCO\\_Network\\_Access.pdf](http://www.kancare.ks.gov/download/KanCare_MCO_Network_Access.pdf)

There has also been a proposal to reformat the external workgroups now that KanCare is post-implementation. The Tribal workgroup would remain the same. The Consumer workgroup would combine with the Special Issues workgroup. The External Provider workgroup would combine with the Operations workgroup. Membership of the new workgroups would also restructure into the new format. The February meeting will be the last External Provider Workgroup meeting in this format. The new combined workgroups meetings will start in March.

**III. Provider Questions and Answers – Kim Brown**

Dulcinea had e-mailed several questions/concerns prior to the workgroup meeting to Kim on behalf of behavioral health providers as agenda items. These questions regarded providers' receipt of signed contracts, timeframes for authorizations, pre-certification for residential levels of care processes, approvals for Medicaid Case Management, payment/claims filing, Healthwave 21 clients, MCO staff contact information/org chart, and MCO staff training and competency on KCPC. Kim and the MCOs all responded to Dulcinea's Behavioral Health and other provider questions about these topics. General questions and contact information for provider questions on the topics were also shared (please see table below for more information):

Issues		Amerigroup	Sunflower	United HealthCare
<b>Contracting (status of providers signed contracts)</b>		Provider Relations Dept (877) 434-7579  Provider Relations Rep by county: <a href="https://providers.amerigroup.com/Documents/KSKS_ProviderReps.pdf">https://providers.amerigroup.com/Documents/KSKS_ProviderReps.pdf</a>  Optum: David.Malek@optum.com	Provider Relations Dept  <a href="http://www.sunflowerstatehealth.com/files/2013/01/SSHP-KS_PRMap_20130128.pdf">http://www.sunflowerstatehealth.com/files/2013/01/SSHP-KS_PRMap_20130128.pdf</a>	Provider Relations Dept  See Issues Log on UHC website (Item #4 response embedded here for Workgroup members reference)  UHC Issues Log Excerpt-Network_Cor
<b>Authorizations (Timeframes - 14 days for IOP/OP and other authorization questions including limits)</b>	14 days is the maximum Inpatient is prioritized, but we want to make sure we do not lose people for services. Contact numbers of staff KCPC trained are shown for assistance.	Jason Eberly (everyday KCPC) (913) 563-1618  Ken Eaton (supv) 1-757-473-2737 ext. 35126	Cenpatico: Rebecca Harvey (913) 333-4520	1-855- 802-7095  Sandy Hashman-Evans (if issues) (913) 333-4051 Sandra.hashman@optum.com
<b>Pre-certification for Residential Levels of Care</b>		Jason Eberly (everyday KCPC) (913) 563-1618  Ken Eaton (supv) 1-757-473-2737 ext. 35126	Cenpatico: Rebecca Harvey (913) 333-4520	1-855- 802-7095  Sandy Hashman-Evans (if issues) (913) 333-4051 Sandra.hashman@optum.com
<b>Payment/Claims filing</b>		Provider Relations 1-877-434-7539	Provider Relations 1-877-644-4623	Provider Relations Dept (see embedded issues log excerpt in contracting row)

For Healthwave 21 clients, will these clients need to have a KCPC done even if they have been in treatment for a period of time and not had a KCPC done before? The response from the State was yes.

It was also noted in the discussions that the Vision contact information out online is incorrect and United's vision contractor has changed. The State will follow-up and repost.

Another question and discussion concerned the timeline for providers to get contracted, show on the network adequacy reports and then appear on the online directories. A concern that was expressed is that it took awhile to get contracted/credentialed and eventually to be posted on the online directories (for their members to access).

Several questions surrounded authorizations:

Whether a typed name instead of a signature on the authorization and an electronic copy (since they are multiple pages) is acceptable? Amerigroup confirmed it is acceptable, Sunflower will verify.

If there is multiple authorizations on the same form, is all the services approved? For all the MCOs, the services are all approved unless the MCO notifies the provider.

Are services authorized for a year or a lifetime? The response is that once you hit the initial limit, the provider needs to reauthorize.

For pediatric visits (UHC) – clarify auto authorizations and the 12 visits. The response is that the first 12 visits are automatically authorized at the beginning of the year. When initial limits are exhausted, the provider needs to reauthorize. On December 31<sup>st</sup>, the authorization expires. The visits start over the first of January.

## **VI. Action Items**

Provide the link to the new CPT codes located on the KMAP website to Workgroup members late in December for their reference – Paul Endacott

*The link to the bulletin with the updated behavioral health codes on the KMAP website is at:*

<https://www.kmap-state-ks.us/Documents/Content/Bulletins/13016%20-%20General%20-%20Mental%20Health%20Rates.pdf>

*Note: The bulletin was released in January, but the rates were not reflected on the KMAP fee schedule until February 1st since they were loaded after January 1<sup>st</sup>.*

The Vision contact information out online is incorrect and United's vision contractor has changed. The State will follow-up and repost. – Paul Endacott

For authorizations, is a typed name instead of a signature and electronic copy (since they are multiple pages) acceptable? – Sunflower and United

## **VII. Next meeting:** February 21, 2013

9 a.m. or 10:00 a.m. (depending upon daily stakeholder call)

Conference call/DCF Learning Center

**VIII. Provider Workgroup Information:**

Provider Workgroup minutes and schedule can be accessed at:

[http://www.kancare.ks.gov/provider\\_wrokgroup.htm](http://www.kancare.ks.gov/provider_wrokgroup.htm)

*Respectfully submitted,*

*Cissy McKinzie*